

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 52

For Official Use Only

Statement covers period

from 01/01/2019

through 03/31/2019

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☒ Sponsored  
☒ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☒ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
741857

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
California Federation of Teachers COPE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Burbank</u>	<u>CA</u>	<u>91505-</u>	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814-</u>	

OPTIONAL: FAX/E-MAIL ADDRESS  
info@olsonhagel.com

## Treasurer(s)

NAME OF TREASURER  
Jeffery Freitas

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814-</u>	<u>(916) 446-2788</u>

NAME OF ASSISTANT TREASURER, IF ANY  
Jessica Ulstad

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Berkeley</u>	<u>CA</u>	<u>94704</u>	<u>(510) 523-5238</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/19/2019 By Jeffery Freitas  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/19/2019 By Jeffery Freitas  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 52

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2019 through 03/31/2019	<b>CALIFORNIA FORM 460</b> Page 3 of 52 I.D. NUMBER 741857
------------------------------------------------------------------	------------------------------------------------------------------

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Federation of Teachers COPE

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$356,202.36	\$356,202.36
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$356,202.36	\$356,202.36
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$356,202.36	\$356,202.36

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$132,930.38	\$132,930.38
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$132,930.38	\$132,930.38
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$54.66	\$54.66
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$132,985.04	\$132,985.04

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$516,792.97	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$356,202.36	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$86,600.90	
15. Cash Payments .....	Column A, Line 8 above	\$132,930.38	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$826,665.85	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$0.00	

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$54.66

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 4 of 52
NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	6262 Adjunct Faculty United College of the Canyons (Unitemized Member Contributions) Ventura, CA 93001-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$55.12	\$191.75	
3/19/2019	6262 Adjunct Faculty United College of the Canyons (Unitemized Member Contributions) Ventura, CA 93001-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$136.63	\$191.75	
1/29/2019	ABC Federation of Teachers AFT Local 2317 (Unitemized Member Contributions) Hawaiian Gardens, CA 90716-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,968.88	\$6,162.19	
3/19/2019	ABC Federation of Teachers AFT Local 2317 (Unitemized Member Contributions) Hawaiian Gardens, CA 90716-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,193.31	\$6,162.19	
3/19/2019	Adjunct Faculty United AFT Local 6352 Citrus College (Unitemized Member Contributions) Pasadena, CA 91104-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$531.57	\$531.57	

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$355,481.77
2. Amount received this period - unitemized contributions of less than \$100 .....	\$720.59
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$356,202.36

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>03/31/2019</u>		
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NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	Adjunct Faculty United AFT LU 6106 Orange Co. (Unitemized Member Contributions) Anaheim, CA 92804-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$824.51	\$1,667.13	
3/19/2019	Adjunct Faculty United AFT LU 6106 Orange Co. (Unitemized Member Contributions) Anaheim, CA 92804-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$842.62	\$1,667.13	
1/29/2019	AFT 6318 - Association of Building Trades Instructors (Unitemized Member Contributions) Berkeley, CA 94702-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$192.15	\$299.25	
3/19/2019	AFT 6318 - Association of Building Trades Instructors (Unitemized Member Contributions) Berkeley, CA 94702-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$107.10	\$299.25	
3/19/2019	AFT College Staff Guild- LA AFT Local 1521A (Unitemized Member Contributions) Los Angeles, CA 90068-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,908.51	\$1,908.51	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 6 of 52
NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	AFT Guild - San Diego Community Colleges AFT Local 1931 (Unitemized Member Contributions) San Diego, CA 92108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12,247.20	\$12,247.20	
1/29/2019	Alan Hancock College Part Time Faculty Assn./AFT 6185 (Unitemized Member Contributions) Arroyo Grande, CA 93420	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$113.40	\$229.56	
3/19/2019	Alan Hancock College Part Time Faculty Assn./AFT 6185 (Unitemized Member Contributions) Arroyo Grande, CA 93420	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$116.16	\$229.56	
1/29/2019	Alliant International University Federation of Professors AFT 6289 (Unitemized Member Contributions) Alhambra, CA 91803-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$122.84	\$122.84	
3/19/2019	Antelope Valley College Federation of Teacher & Classified Emp. 4683 (Unitemized Member Contributions) Lancaster, CA 93536	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$674.10	\$674.10	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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NAME OF FILER

California Federation of Teachers COPE

I.D. Number

741857

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	Antelope Valley College Federation of Teacher & Classified Employees AFT Local 4683A (Unitemized Member Contributions) Lancaster, CA 93536	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,096.70	\$2,096.70	
1/29/2019	Aromas-San Juan Classified Federation of Employees AFT Local 4830 (Unitemized Contributions) Hollister, CA 95023-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$67.72	\$135.44	
3/19/2019	Aromas-San Juan Classified Federation of Employees AFT Local 4830 (Unitemized Contributions) Hollister, CA 95023-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$67.72	\$135.44	
1/29/2019	Association of College Educator Local 6554 (Unitemized member Contributions) Saratoga, CA 95070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,264.72	\$2,527.87	
3/19/2019	Association of College Educator Local 6554 (Unitemized member Contributions) Saratoga, CA 95070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,263.15	\$2,527.87	
<b>SUBTOTAL</b>						

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IND - Individual

COM - Recipient Committee  
(other than PTY or SCC)

OTH - Other

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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		<b>CALIFORNIA FORM 460</b> Page 8 of 52
I.D. Number 741857		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Federation of Teachers COPE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	Berkeley Federation of Teachers AFT Local 1078 (Unitemized Member Contributions) Berkeley, CA 94702-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,652.01	\$6,652.01	
3/19/2019	Buckley Faculty Association AFT Local 4163 (Unitemized Member Contributions) Sherman Oaks, CA 94117-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$346.50	\$346.50	
1/29/2019	Carpinteria Assn. of United School Employees AFT Local 2216 (Unitemized Member Contributions) Ventura, CA 93003-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$516.99	\$1,000.51	
3/19/2019	Carpinteria Assn. of United School Employees AFT Local 2216 (Unitemized Member Contributions) Ventura, CA 93003-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$483.52	\$1,000.51	
1/29/2019	Coast Federation of Classified Employees AFT Local 4794 (Unitemized Member Contributions) Huntington Beach, CA 92647-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,033.99	\$2,060.10	
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
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 SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 9 of 52

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NAME OF FILER

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I.D. Number  
741857

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	Coast Federation of Classified Employees AFT Local 4794 (Unitemized Member Contributions) Huntington Beach, CA 92647-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,026.11	\$2,060.10	
1/29/2019	Coast Federation of Educators AFT Local 1911 (Unitemized Member Contributions) Costa Mesa, CA 92626-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,374.58	\$4,123.74	
3/19/2019	Coast Federation of Educators AFT Local 1911 (Unitemized Member Contributions) Costa Mesa, CA 92626-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,749.16	\$4,123.74	
1/29/2019	Compton Federation of Teachers AFT Local 3486 (Unitemized Member Contributions) Compton, CA 90221-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$403.20	\$1,401.75	
3/19/2019	Compton Federation of Teachers AFT Local 3486 (Unitemized Member Contributions) Compton, CA 90221-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$403.20	\$1,401.75	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
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SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>03/31/2019</u>		
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NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	Compton Federation of Teachers AFT Local 3486 (Unitemized Member Contributions) Compton, CA 90221-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$595.35	\$1,401.75	
1/29/2019	Cuesta College Classified United Employees AFT Local 4606 (Unitemized Member Contributions) San Luis Obispo, CA 93403-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$560.70	\$841.05	
3/19/2019	Cuesta College Classified United Employees AFT Local 4606 (Unitemized Member Contributions) San Luis Obispo, CA 93403-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$280.35	\$841.05	
1/29/2019	Cuesta College Federation of Teachers AFT Local 4909 (Unitemized Member Contributions) Morro Bay, CA 93442-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$578.42	\$1,167.08	
3/19/2019	Cuesta College Federation of Teachers AFT Local 4909 (Unitemized Member Contributions) Morro Bay, CA 93442-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$588.66	\$1,167.08	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Federation of Teachers COPE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	Culver City Federation of Teachers AFT Local 1343 (Unitemized Member Contributions) Culver City, CA 90232-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,173.50	\$2,173.50	
1/29/2019	Diablo Valley Federation of Teachers AFT Local 1902 (Unitemized Member Contributions) Clayton, CA 94517-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$812.72	\$812.72	
1/29/2019	Early Childhood Federation AFT Local 1475 (Unitemized Member Contributions) Burbank, CA 91506-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,678.95	\$1,678.95	
3/19/2019	El Camino Federation of Teachers AFT Local 1388 (Unitemized Member Contributions) Long Beach, CA 90807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,305.68	\$1,305.68	
3/19/2019	El Rancho Federation of Teachers AFT Local 3467 (Unitemized Member Contributions) Pico Rivera, CA 95344-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,477.48	\$2,477.48	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	Evergreen Federation of Teachers AFT Local 3688 (Unitemized Member Contributions) Cottonwood, CA 96022-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$176.40	\$352.80	
3/19/2019	Evergreen Federation of Teachers AFT Local 3688 (Unitemized Member Contributions) Cottonwood, CA 96022-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$176.40	\$352.80	
1/29/2019	Feather River College Federation of Teachers AFT Local 4615 (Unitemized Member Contributions) Quincy, CA 95971-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$91.74	\$183.48	
3/19/2019	Feather River College Federation of Teachers AFT Local 4615 (Unitemized Member Contributions) Quincy, CA 95971-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$91.74	\$183.48	
1/29/2019	Galt Federation of Certified and Classified Employees 2219 (Unitemized Member Contributions) Galt, CA 95632-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$707.18	\$707.18	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	Gilroy Federation of Teachers/Paraprofession AFT Local 1921 (Unitemized Member Contributions) Gilroy, CA 95020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$265.38	\$265.38	
1/29/2019	Glendale College Guild AFT Local 2276 (Unitemized Member Contributions) Glendale, CA 91208-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,521.84	\$3,043.68	
3/19/2019	Glendale College Guild AFT Local 2276 (Unitemized Member Contributions) Glendale, CA 91208-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,521.84	\$3,043.68	
1/29/2019	Greater Santa Cruz Federation of Teachers AFT Local 2030 (Unitemized Member Contributions) Santa Cruz, CA 93001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,239.52	\$2,479.83	
3/19/2019	Greater Santa Cruz Federation of Teachers AFT Local 2030 (Unitemized Member Contributions) Santa Cruz, CA 93001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,240.31	\$2,479.83	
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
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1/29/2019	Hawthorne Federation of Classified Employees AFT Local 6041 (Unitemized Member Contributions) Hawthorne, CA 90250-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$152.38	\$464.22	
3/19/2019	Hawthorne Federation of Classified Employees AFT Local 6041 (Unitemized Member Contributions) Hawthorne, CA 90250-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$311.84	\$464.22	
1/29/2019	Jefferson AFT Federation of Teachers AFT Local 1481 (Unitemized Member Contributions) Daly City, CA 94015-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,037.53	\$2,088.05	
3/19/2019	Jefferson AFT Federation of Teachers AFT Local 1481 (Unitemized Member Contributions) Daly City, CA 94015-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,050.52	\$2,088.05	
1/29/2019	Jefferson Elementary Federation AFT Local 3267 (Unitemized Member Contributions) Pacifica, CA 94044-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,054.58	\$2,054.58	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	Lawndale Federation of Teachers AFT Local 4529 (Unitemized Member Contributions) Lawndale, CA 90260-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$472.50	\$472.50	
1/29/2019	Lemoore Federation of Classified Employees AFT Local 4870 (Unitemized Member Contributions) Lemoore, CA 93245-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$211.04	\$211.04	
3/19/2019	Lemoore Federation of Teachers AFT Local 3219 (Unitemized Member Contributions) Lemoore, CA 93245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$967.05	\$967.05	
1/29/2019	Life Chiropractic College West faculty Federation Local 6538 (Unitemized Member Contributions) Hayward, CA 94545	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$111.04	\$367.76	
3/19/2019	Life Chiropractic College West faculty Federation Local 6538 (Unitemized Member Contributions) Hayward, CA 94545	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$256.72	\$367.76	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	Lompoc Federation of Teachers AFT Local 3151 (Unitemized Member Contributions) Solvang, CA 93463	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,520.18	\$3,060.97	
3/19/2019	Lompoc Federation of Teachers AFT Local 3151 (Unitemized Member Contributions) Solvang, CA 93463	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,540.79	\$3,060.97	
1/29/2019	Long Beach Council of Classified Employees AFT Local 6108 (Unitemized Member Contributions) Long Beach, CA 90804-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$641.81	\$641.81	
1/29/2019	Los Angeles College Faculty Guild AFT Local 1521 (Unitemized Member Contributions) Los Angeles, CA 90068-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$13,735.58	\$13,735.58	
1/29/2019	Los Rios College Federation of Teachers AFT Local 2279 (Unitemized Member Contributions) Sacramento, CA 95814-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,054.84	\$8,139.60	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>03/31/2019</u>		
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3/19/2019	Los Rios College Federation of Teachers AFT Local 2279 (Unitemized Member Contributions) Sacramento, CA 95814-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,084.76	\$8,139.60	
1/29/2019	Mendocino College AFT Local 6322 (Unitemized Member Contributions) Ukiah, CA 95482-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$173.25	\$346.50	
3/19/2019	Mendocino College AFT Local 6322 (Unitemized Member Contributions) Ukiah, CA 95482-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$173.25	\$346.50	
1/29/2019	Mendocino County Federation of School Employees 4345 (Unitemized Member Contributions) Ukiah, CA 95482	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$466.59	\$466.59	
3/19/2019	Morgan Hill Federation of Teachers AFT Local 2022 (Unitemized Member Contributions) Morgan Hill, CA 95037	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,375.10	\$2,375.10	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
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3/19/2019	Napa County Federation of Teachers AFT Local 4067 (Unitemized Member Contributions) Calistoga, CA 94515-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$622.92	\$622.92	
3/19/2019	Newport-Mesa Federation of Teachers AFT Local 1794 (Unitemized Member Contributions) Costa Mesa, CA 92626-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,044.06	\$6,044.06	
1/29/2019	North Monterey County Federation of Teachers AFT Local 4008 (Unitemized Member Contributions) Castroville, CA 95012-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$620.55	\$2,123.10	
3/19/2019	North Monterey County Federation of Teachers AFT Local 4008 (Unitemized Member Contributions) Castroville, CA 95012-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,502.55	\$2,123.10	
1/29/2019	Novato Federation of Teachers AFT Local 1986 (Unitemized Member Contributions) Novato, CA 94947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,308.04	\$2,616.08	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
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3/19/2019	Novato Federation of Teachers AFT Local 1986 (Unitemized Member Contributions) Novato, CA 94947	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,308.04	\$2,616.08	
1/29/2019	Oakwood Federation of Teachers AFT Local 4128 (Unitemized Member Contributions) North Hollywood, CA 91602-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$146.48	\$292.96	
3/19/2019	Oakwood Federation of Teachers AFT Local 4128 (Unitemized Member Contributions) North Hollywood, CA 91602-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$146.48	\$292.96	
1/29/2019	Oxnard Federation of Teachers AFT Local 1273 (Unitemized Member Contributions) Camarillo, CA 93010-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,125.19	\$6,251.96	
3/19/2019	Oxnard Federation of Teachers AFT Local 1273 (Unitemized Member Contributions) Camarillo, CA 93010-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,126.77	\$6,251.96	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		<b>CALIFORNIA FORM 460</b>
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3/19/2019	Pajaro Valley Federation of Teachers AFT Local 1936 (Unitemized Member Contributions) Watsonville, CA 95076	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,661.58	\$10,661.58	
1/29/2019	Palmer College of Chiropractic West Faculty Federation 6166 (Unitemized Member Contributions) San Jose, CA 95125-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$218.92	\$218.92	
1/29/2019	Palomar College Council of Classified AFT Employees 4522 (Unitemized Member Contributions) San Marcos, CA 92069-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$502.42	\$502.42	
1/29/2019	Palomar Faculty Federation AFT Local 6161 (Unitemized Member Contributions) Escondido, CA 92020-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,119.43	\$2,280.21	
3/19/2019	Palomar Faculty Federation AFT Local 6161 (Unitemized Member Contributions) Escondido, CA 92020-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,160.78	\$2,280.21	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Federation of Teachers COPE	I.D. Number 741857
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	Paso Robles Public Educators AFT Local 3553 (Unitemized Member Contributions) Paso Robles, CA 93446-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$574.30	\$574.30	
1/29/2019	Peralta Federation of Teachers AFT Local 1603 (Unitemized Member Contributions) Oakland, CA 94607-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,513.58	\$3,027.16	
3/19/2019	Peralta Federation of Teachers AFT Local 1603 (Unitemized Member Contributions) Oakland, CA 94607-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,513.58	\$3,027.16	
1/29/2019	Petaluma Federation of Teachers AFT Local 1881 (Unitemized Member Contributions) Petaluma, CA 94954	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,344.26	\$1,344.26	
1/29/2019	Poway Federation of Teachers AFT Local 2357 (Unitemized Member Contributions) Poway, CA 92064-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,035.28	\$9,929.99	
<b>SUBTOTAL</b>						

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		<b>CALIFORNIA FORM 460</b>
Page <u>22</u> of <u>52</u>		
NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	Poway Federation of Teachers AFT Local 2357 (Unitemized Member Contributions) Poway, CA 92064-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,894.71	\$9,929.99	
1/29/2019	Rescue Federation of Teachers AFT Local 3581 (Unitemized Member Contributions) Shingle Springs, CA 95682-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,083.60	\$1,625.40	
3/19/2019	Rescue Federation of Teachers AFT Local 3581 (Unitemized Member Contributions) Shingle Springs, CA 95682-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$541.80	\$1,625.40	
1/29/2019	Salinas Valley Federation of Teachers AFT Local 1020 (Unitemized Member Contributions) Salinas, CA 93906-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,713.33	\$5,426.66	
3/19/2019	Salinas Valley Federation of Teachers AFT Local 1020 (Unitemized Member Contributions) Salinas, CA 93906-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,713.33	\$5,426.66	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>03/31/2019</u>		
		Page <u>23</u> of <u>52</u>
NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	San Francisco Community College District AFT Local 2121 (Unitemized Member Contributions) San Francisco, CA 94112-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,693.62	\$8,540.43	
3/19/2019	San Francisco Community College District AFT Local 2121 (Unitemized Member Contributions) San Francisco, CA 94112-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,846.81	\$8,540.43	
1/29/2019	San Jose Federation of Teachers Local 957 (Unitemized Member Contributions) San Jose, CA 95112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$185.46	\$387.06	
3/19/2019	San Jose Federation of Teachers Local 957 (Unitemized Member Contributions) San Jose, CA 95112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$201.60	\$387.06	
1/29/2019	San Jose/Evergreen Faculty Association AFT Local 6157 (Unitemized Member Contributions) San Jose, CA 95128-2799	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,390.06	\$3,500.04	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 24 of 52
NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	San Jose/Evergreen Faculty Association AFT Local 6157 (Unitemized Member Contributions) San Jose, CA 95128-2799	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,109.98	\$3,500.04	
1/29/2019	San Mateo Adult School Federation of Teachers AFT Local 4681 (Unitemized Member Contributions) San Francisco, CA 94133-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$48.04	\$190.58	
3/19/2019	San Mateo Adult School Federation of Teachers AFT Local 4681 (Unitemized Member Contributions) San Francisco, CA 94133-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$142.54	\$190.58	
1/29/2019	San Mateo Federation of Teachers AFT Local 1493 (Unitemized Member Contributions) San Mateo, CA 94402-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,098.02	\$5,197.89	
3/19/2019	San Mateo Federation of Teachers AFT Local 1493 (Unitemized Member Contributions) San Mateo, CA 94402-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,099.87	\$5,197.89	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
through	03/31/2019	Page 25 of 52

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Federation of Teachers COPE

I.D. Number

741857

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	San Rafael Federation of Teachers AFT Local 1077 (Unitemized Member Contributions) San Rafael, CA 94901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$404.78	\$404.78	
1/29/2019	Santa Cruz Council of Classified Employees AFT Local 6084 (Unitemized Member Contributions) Santa Cruz, CA 95060-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$398.08	\$1,284.01	
3/19/2019	Santa Cruz Council of Classified Employees AFT Local 6084 (Unitemized Member Contributions) Santa Cruz, CA 95060-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$885.93	\$1,284.01	
1/29/2019	Santa Paula Federation of Teachers AFT Local 2071 (Unitemized Member Contributions) Ventura, CA 93001-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$910.35	\$1,828.57	
3/19/2019	Santa Paula Federation of Teachers AFT Local 2071 (Unitemized Member Contributions) Ventura, CA 93001-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$918.22	\$1,828.57	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>03/31/2019</u>		
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NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/29/2019	Sonora High School Federation of Teachers AFT Local 3187 (Unitemized Member Contributions) Sonora, CA 95371-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$137.02	\$274.04	
3/19/2019	Sonora High School Federation of Teachers AFT Local 3187 (Unitemized Member Contributions) Sonora, CA 95371-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$137.02	\$274.04	
1/29/2019	State Center Federation of Teachers AFT Local 1533 (Unitemized Member Contributions) Fresno, CA 93741-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,412.90	\$4,843.91	
3/19/2019	State Center Federation of Teachers AFT Local 1533 (Unitemized Member Contributions) Fresno, CA 93741-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,431.01	\$4,843.91	
1/29/2019	Tamalpais Federation of Teachers AFT Local 1985 (Unitemized Member Contributions) Fairfax, CA 94930	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$831.60	\$2,494.80	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	Tamalpais Federation of Teachers AFT Local 1985 (Unitemized Member Contributions) Fairfax, CA 94930	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,663.20	\$2,494.80	
1/29/2019	Treasure Island Job Corps Workers Union Local 6319 (Unitemized Member Contributions) Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$181.52	\$181.52	
3/19/2019	Tuolumne County Special Educators Federation AFT Local 6029 (Unitemized Member Contributions) Sonora, CA 95370	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$289.80	\$289.80	
1/29/2019	Turlock Federation of Teachers and Classified Employees 2424 A (Unitemized Member Contributions) Denair, CA 95316	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$569.37	\$569.37	
1/29/2019	UC AFT/University Council AFT (Unitemized Member Contributions) San Diego, CA 92108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,804.64	\$13,373.32	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>03/31/2019</u>		
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NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	UC AFT/University Council AFT (Unitemized Member Contributions) San Diego, CA 92108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,568.68	\$13,373.32	
1/29/2019	United Educators of San Francisco/AFT Local 61 (Unitemized Member Contributions) San Francisco, CA 94114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,984.30	\$13,598.14	
3/19/2019	United Educators of San Francisco/AFT Local 61 (Unitemized Member Contributions) San Francisco, CA 94114	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,613.84	\$13,598.14	
3/19/2019	United Professors of Marin AFT Local 1610 (Unitemized Member Contributions) San Rafael, CA 94901	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$844.99	\$844.99	
1/29/2019	United Teachers Los Angeles AFT Local 1021 (Unitemized Member Contributions) Los Angeles, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$14,829.20	\$136,731.46	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>03/31/2019</u>		
		Page <u>29</u> of <u>52</u>
NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2019	United Teachers Los Angeles AFT Local 1021 (Unitemized Member Contributions) Los Angeles, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$121,902.26	\$136,731.46	
1/29/2019	University of San Francisco - Faculty AFT Local 4269 (Unitemized Member Contributions) San Francisco, CA 94117-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,480.50	\$1,480.50	
3/19/2019	University of San Francisco - Faculty Part Time AFT Local 6590 (Unitemized Member Contributions) San Francisco, CA 94117	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$340.99	\$340.99	
3/19/2019	Ventura Co. Federation of School Employees Paraeducator Unit/AFT 4434A (Unitemized Member Contributions) Camarillo, CA 93010-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$380.37	\$380.37	
1/29/2019	Ventura County Federation of College Teachers AFT Local 1828 (Unitemized Member Contributions) Ventura, CA 93003-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,309.08	\$4,954.96	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		<b>CALIFORNIA FORM 460</b>
through <u>03/31/2019</u>		
		Page <u>30</u> of <u>52</u>
NAME OF FILER California Federation of Teachers COPE		I.D. Number 741857

SEE INSTRUCTIONS ON REVERSE

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3/19/2019	Ventura County Federation of College Teachers AFT Local 1828 (Unitemized Member Contributions) Ventura, CA 93003-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,645.88	\$4,954.96	
1/29/2019	Ventura County Federation of School Employees AFT Local 4434 (Unitemized Member Contributions) Santa Paula, CA 93060-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,023.76	\$1,023.76	
1/29/2019	Victor Valley Part-Time Faculty United AFT 6286 (Unitemized Member Contributions) Victorville, CA 92395	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$41.74	\$210.26	
3/19/2019	Victor Valley Part-Time Faculty United AFT 6286 (Unitemized Member Contributions) Victorville, CA 92395	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$168.52	\$210.26	
3/19/2019	Yuba College Federation of Teachers AFT Local 4952 (Unitemized Member Contributions) Yuba City, CA 95991	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,755.36	\$1,755.36	
<b>SUBTOTAL</b>				\$355,481.77		

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# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 01/01/2019  
through 03/31/2019

CALIFORNIA  
FORM **460**

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NAME OF FILER  
California Federation of Teachers COPE

I.D. NUMBER  
741857

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2019 through 03/31/2019	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Federation of Teachers COPE

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	



# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>03/31/2019</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Federation of Teachers COPE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from 01/01/2019		
through 03/31/2019		Page 34 of 52
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Federation of Teachers COPE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Payee Name: Re-Elect James Ramos for Assembly 2020 Candidate Name: James Ramos State Assembly Person District 40 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2020P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/23/2019	Payee Name: Connie M. Leyva for Senate 2022 Candidate Name: Connie Leyva State Senator District 20 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$4,700.00	2022P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/24/2019	Payee Name: Jackie Goldberg for School Board 2019 - Special Candidate Name: Jackie Goldberg Board Member District 5 Jurisdiction: Los Angeles USD	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,200.00	\$1,200.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$93,754.66
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$93,754.66

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2019

through 03/31/2019

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
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I.D. NUMBER  
741857

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Payee Name: Cottie Petrie-Norris for Assembly 2020 Candidate Name: Cottie Petrie-Norris State Assembly Person District 74 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/30/2019	Payee Name: Phil Ting for Assembly 2020 Candidate Name: Phil Ting State Assembly Person District 19 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/31/2019	Payee Name: Cervantes for Assembly 2020 Candidate Name: Sabrina Cervantes State Assembly Person District 60 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	2020P: \$1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
1/31/2019	Payee Name: Connie M. Leyva for Senate 2022 Candidate Name: Connie Leyva State Senator District 20 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,400.00	\$4,700.00	2022P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>01/01/2019</u>		
through <u>03/31/2019</u>		Page <u>36</u> of <u>52</u>
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2019	Payee Name: Committee to Elect Faauuga Moliga for School Board 2018 Candidate Name: Faauuga Moliga Board Member Jurisdiction: San Francisco Unified Board of Education	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$500.00	\$500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/6/2019	Payee Name: Ash Kalra for Assembly 2020 Candidate Name: Ash Kalra State Assembly Person District 27 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2020P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/6/2019	Payee Name: Connie M. Leyva for Senate 2022 Candidate Name: Connie Leyva State Senator District 20 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$800.00	\$4,700.00	2022P: \$4,700.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/8/2019	Students, Parents and Educators in Support of Jackie Goldberg for School Board 2019, Sponsored by Teachers Unions, Including United Teachers Los Angeles	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$30,000.00	\$30,054.66	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through 03/31/2019		Page 37 of 52

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I.D. NUMBER  
741857

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/26/2019	Payee Name: O'Donnell for Assembly 2020 Candidate Name: Patrick O'Donnell State Assembly Person District 70 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,000.00	\$3,000.00	2020P: \$3,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Rob Bonta for Assembly 2020 Candidate Name: Rob Bonta State Assembly Person District 18 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/26/2019	Payee Name: Kevin McCarty for Assembly 2020 Candidate Name: Kevin McCarty State Assembly Person District 7 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,000.00	\$3,000.00	2020P: \$3,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/5/2019	Payee Name: Jose Medina for Assembly 2020 Candidate Name: Jose Medina State Assembly Person District 61 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,000.00	\$4,000.00	2020P: \$4,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>01/01/2019</u>		
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/6/2019	Payee Name: Lorena Gonzalez for Assembly 2020 Candidate Name: Lorena Gonzalez State Assembly Person District 80 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$2,000.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/6/2019	Payee Name: Portantino for Senate 2020 Candidate Name: Anthony Portantino State Senator District 25 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/13/2019	San Francisco Labor Council Labor and Neighbor Independent Expenditure PAC	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/13/2019	Orange County Labor Federation AFL-CIO COPE	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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Page 39 of 52		I.D. NUMBER 741857

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/14/2019	Payee Name: Jackie Goldberg for School Board 2019- Runoff Candidate Name: Jackie Goldberg Board Member District 5 Jurisdiction: Los Angeles USD	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,200.00	\$1,200.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/25/2019	California Democratic Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000.00	\$25,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Maria Elena Durazo Democrat for State Senate 2022 Candidate Name: Maria Elena Durazo State Senator District 24 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2022P: \$1,500.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/26/2019	Payee Name: Nancy Skinner for Senate 2020 Candidate Name: Nancy Skinner State Senator District 9 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	2020P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>01/01/2019</u>		
through <u>03/31/2019</u>		Page <u>40</u> of <u>52</u>
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/2019	Monterey Bay Central Labor Council AFL-CIO COPE Fund - All Purpose Account	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/11/2019	Students, Parents and Educators in Support of Jackie Goldberg for School Board 2019, Sponsored by Teachers Unions, Including United Teachers Los Angeles	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Data list	\$54.66	\$30,054.66	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>				\$93,754.66		



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2019 through 03/31/2019		<b>CALIFORNIA FORM 460</b>  Page 41 of 52
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Federation of Teachers COPE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Re-Elect James Ramos for Assembly 2020 Sacramento, CA 95814	CTB		\$1,300.00
Committee ID: 1414557 Connie M. Leyva for Senate 2022 Sacramento, CA 95814	CTB		\$2,500.00
Committee ID: 1414139 Californians for Change Pasadena, CA 91101		Federal Contribution	\$25,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$132,930.38
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$132,930.38

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 42 of 52
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SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jackie Goldberg for School Board 2019 - Special Los Angeles, CA 90004	CTB			\$1,200.00
Committee ID: 1413097 Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$894.82
Cottie Petrie-Norris for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414368 Phil Ting for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414586 Cervantes for Assembly 2020 Sacramento, CA 95814	CTB			\$1,000.00
Committee ID: 1414122				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 43 of 52
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SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie M. Leyva for Senate 2022 Sacramento, CA 95814	CTB			\$1,400.00
Committee ID: 1414139				
Committee to Elect Faauuga Moliga for School Board 2018 San Francisco, CA 94110	CTB			\$500.00
Committee ID: 1401091				
Ash Kalra for Assembly 2020 Sacramento, CA 95814	CTB			\$1,300.00
Committee ID: 1414276				
Connie M. Leyva for Senate 2022 Sacramento, CA 95814	CTB			\$800.00
Committee ID: 1414139				
Students, Parents and Educators in Support of Jackie Goldberg for School Board 2019, Sponsored by Teachers Unions, Including United Teachers Los Angeles Los Angeles, CA 90010	CTB			\$30,000.00
Committee ID: 1393480				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 01/01/2019		
through 03/31/2019		Page 44 of 52
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Federation of Teachers COPE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
O'Donnell for Assembly 2020 Sacramento, CA 95814	CTB			\$3,000.00
Committee ID: 1415798 Rob Bonta for Assembly 2020 Sacramento, CA 95814	CTB			\$1,500.00
Committee ID: 1414291 Kevin McCarty for Assembly 2020 Sacramento, CA 95814	CTB			\$3,000.00
Committee ID: 1414627 Jose Medina for Assembly 2020 Sacramento, CA 95814	CTB			\$4,000.00
Committee ID: 1414629 Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$3,335.56

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		<b>CALIFORNIA FORM 460</b>  Page 45 of 52
I.D. NUMBER 741857		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Federation of Teachers COPE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lorena Gonzalez for Assembly 2020 Sacramento, CA 95814  Committee ID: 1414350	CTB			\$2,000.00
Portantino for Senate 2020 Sacramento, CA 95814  Committee ID: 1392849	CTB			\$1,500.00
San Francisco Labor Council Labor and Neighbor Independent Expenditure PAC San Francisco, CA 94109-  Committee ID: 991525	CTB			\$2,500.00
Orange County Labor Federation AFL-CIO COPE Orange, CA 92868  Committee ID: 1229755	CTB			\$2,500.00
Jackie Goldberg for School Board 2019- Runoff Los Angeles, CA 90004  Committee ID: 1416913	CTB			\$1,200.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 03/31/2019		<b>CALIFORNIA FORM 460</b> Page 46 of 52
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Democratic Party Sacramento, CA 95811  Committee ID: 741666	CTB			\$25,000.00
Maria Elena Durazo Democrat for State Senate 2022 Sacramento, CA 95814  Committee ID: 1415821	CTB			\$1,500.00
Nancy Skinner for Senate 2020 Sacramento, CA 95815  Committee ID: 1392359	CTB			\$1,500.00
Monterey Bay Central Labor Council AFL-CIO COPE Fund - All Purpose Account Salinas, CA 93905-  Committee ID: 841975	CTB			\$1,500.00
Rusty for Chair Pasadena, CA 91104			Contribution to IRC 527 Organization	\$10,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$132,930.38

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 01/01/2019  
through 03/31/2019

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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
California Federation of Teachers Burbank, CA 91505	CTB Data list; In-Kind to Students, Parents and Educators in Support of Jackie Goldberg for School Board 2019, Sponsored by Teachers Unions, Including	\$0.00	\$54.66	\$0.00	\$54.66

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS** \$0.00 \$54.66 \$0.00 \$54.66

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS** \$54.66
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$54.66  
May be a negative number.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2019
through 03/31/2019

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
California Federation of Teachers COPE

I.D. NUMBER
741857

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. The table contains multiple empty rows for data entry.

Attach additional information on appropriately labeled continuation sheets.

TOTAL\*

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.



# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period

from 01/01/2019

through 03/31/2019

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SEE INSTRUCTIONS ON REVERSE

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	03/31/2019	Page 50 of 52

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I.D. NUMBER  
741857

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/23/2019	City National Bank Beverly Hills, CA 90210	Interest Earned	\$138.06
2/20/2019	City National Bank Beverly Hills, CA 90210	Interest Earned	\$176.10
3/20/2019	City National Bank Beverly Hills, CA 90210	Interest Earned	\$177.28
3/1/2019	Educators Supporting Tony Thurmond for Superintendent of Public Instruction 2018 spons. by teachers and school employee orgs Sacramento, CA 95814  Filer ID: 1405429	Refund of Contribution	\$1,057.78
3/19/2019	Irwin for Assembly 2020 Sacramento, CA 95814  Filer ID: 1414701	Refund of Contribution	\$200.00

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

### Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period. ....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

**TOTAL** .....

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	01/01/2019	
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I.D. NUMBER  
741857

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/19/2019	California Federation of Teachers Burbank, CA 91505	Deposit received in error	\$84,851.68

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$86,600.90

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$86,600.90
2. Unitemized increases to cash under \$100 this period. ....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$86,600.90

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:

Schedule A- California Federation of Teachers, 2550 North Hollywood Way, Suite 400, Burbank, CA 91505, is the intermediary for all contributions.